Arizona Health Improvement Plan

Oral Health

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	 Oral health care is the greatest unmet health need for Arizona children More than 3.2 Million Arizonans live in a Dental Health Professional Shortage Area Tooth decay starts early and progresses quickly for Arizona children; 34% of Arizona preschool children have experienced tooth decay 75 % of Arizona 3rd grade children have experienced tooth decay Tooth decay varies among counties from a high of 93% prevalence in Apache County to a low of 60% in Yavapai County
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	 For every child without medical insurance, there are nearly 3 without dental insurance Tooth decay can cause pain, dysfunction, school/work absences, difficulty concentrating—problems that greatly affect a quality of life and ability to succeed Untreated tooth decay can lead to serious, potentially life-threatening infections Tooth decay may keep toddlers from reaching normal height Children with tooth decay will carry the disease into adulthood
 What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? 	 Tooth decay is almost entirely preventable Evidence-based methods exist for the prevention of tooth decay including school-based sealant programs, fluoride varnish programs and community water fluoridation Addressing oral health disease will help to address other chronic diseases including diabetes, heart disease and low birth weight babies
What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? How much money can be saved by addressing the	 Cost analysis of prevention has shown significant savings in Medicaid expenditures. The average Medicaid reimbursement for emergency dental care is approximately ten times more than the cost of preventive care (\$6,498 vs. \$660) A comparison of state Medicaid reimbursements for dental care provided in a hospital's emergency rooms (ER) to preventive care if provided in a dental office for the same child, showed that ER cost is approximately ten times more than the cost of ECC preventive care

problem?	(\$6,498 vs. \$660)
 Does the money put into a solution reduce costs enough to make the solution worthwhile? What's the value of addressing the health issue? 	(\$0,450 vs. \$000)
Quality of Life How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	Oral diseases affect the most basic human needs: the ability to eat and drink, swallow, maintain proper nutrition, smile, and communicate. Oral health and overall health and well-being are inextricably connected
Disparities How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	 Socioeconomic status is a factor in the oral health of children. Children without dental insurance and low income children suffer from more untreated dental disease than children from higher socioeconomic status Over 80% of Hispanic and 93% of American Indian children have tooth decay experience compared to 66% of non-Hispanic White children
Evidence-based Models Exist Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	 Per the Guide to Community Preventive Services, evidence-based methods exist for the prevention of tooth decay at the population level, including school-based sealant programs, and community water fluoridation
 Community Readiness / Interest in Solving What's the degree of public support and/or interest in working on the health issue? Which counties include this issue as a community health priority? 	Communities and partners (public and private) across Arizona have demonstrated a readiness and concern for oral health issues (Maricopa Oral Health Leaders Advocates and Resources; Navajo, Apache, Gila Oral Health Coalition; and Mohave Oral Health Coalition
 Arizona Ranking below the US data Is Arizona doing better or worse than the U.S.? How much better or worse are we doing compared to the nation? 	 Arizona is doing far worse than other states and ranks 1st in the nation with the highest level of 3rd grade children with tooth decay

Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	There is support and interest from elected officials as demonstrated by the June 2014, stakeholders meeting convened by State and U.S. Representatives in Arizona
 Trend Direction Has the health issue been getting better or worse over time? 	No improvements have been seen in Arizona noting back to 2000